



**Special Request Form - Management Development**  
**Office of Human Resources. Training Services Division**

**Requests must be submitted at least 30 days (or more depending on the complexity of the request) before the planned event date.**

**Date of Request:** \_\_\_\_\_  
**Facility/Unit:** \_\_\_\_\_

**Request:** (Check one)

**Classroom Management Development** (*Course names and descriptions can be found on our [website](#).)*

- \_\_\_\_\_ Conduct an onsite session of a Scheduled Classroom Course  
Name of course: \_\_\_\_\_
- \_\_\_\_\_ Begin the onsite Managing Matters Program for my management team  
Name of course: \_\_\_\_\_
- \_\_\_\_\_ Conduct an off-the-shelf management development program

**Facilitation**

- \_\_\_\_\_ Facilitate a meeting.
- \_\_\_\_\_ Design & facilitate a retreat.

**Consulting**

- \_\_\_\_\_ Assess organizational development issues & plan appropriate action.
- \_\_\_\_\_ Administer specific manager/leader assessment (DiSC) and interpret results.
- \_\_\_\_\_ Coach specific manager/leader for identified development needs.

**Other (Describe)** \_\_\_\_\_

**Brief Description of Request:**

**Planned:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Anticipated number of participants:** \_\_\_\_\_

**Person making request:** Name, telephone number and e-mail

**Person(s) in facility/unit responsible for training:** Name, telephone number and e-mail

Please return this form via email to Susan Steele at [susan.steele@maryland.gov](mailto:susan.steele@maryland.gov).